

SHALINI SAHAKARI BANK LTD.

395, N. M. Joshi Marg, Mumbai - 11. Phone : 23093179

FIXED DEPOSIT / RECURING DEPOSIT
ACCOUNT FORM

A/c. No.

Date

FIXED DEPOSIT / RECURING DEPOSIT ACCOUNT FORM

Applicant-1 Mr./Mrs. _____ Age _____

Applicant-2 Mr./Mrs. _____ Age _____

Applicant-3 Mr./Mrs. _____ Age _____

Gender : Male ☐ Female ☐ Thirdgender ☐

Permenant Address : _____

Office Address : _____

FIXED DEPOSIT / RECURING DEPOSIT ACCOUNT FORM		Fresh <input type="checkbox"/>	Renewal <input type="checkbox"/>
Types of Deposit		Interest Payable	
Period			
Fixed Dep. <input type="checkbox"/>	Recurring Dep. <input type="checkbox"/>	_____ Days / Months / Year	
		Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
Catagory : Individual <input type="checkbox"/>	Firm <input type="checkbox"/>	Company <input type="checkbox"/>	Institution <input type="checkbox"/>
Govt. <input type="checkbox"/>	Huf <input type="checkbox"/>	Trust <input type="checkbox"/>	
Occupation : Service <input type="checkbox"/>	Business <input type="checkbox"/>	Housewife <input type="checkbox"/>	Senior Citizen <input type="checkbox"/>
Other _____			

Amont of Dep. Rs. _____

Rupees (in words) _____

Chq. No. / D.D. No. _____

Bank _____ Branch _____

If Renewal FD _____

Additional Amount _____

Cheque ☐ D.D. ☐ Cash ☐

Declaration

I/We hereby deposit the amount as Fixed Deposit as per particular given above. I/We hereby declare that the amount deposited herewith is not out of any funds aquired by me/us by borrowing or accepting from any other persons. I/We declare that the first named applicant is the beneficial owner of this joint deposit and is to be treated as the payee for the purpose of deduction of tax under section 194A of the Income Tax Act, 1961. I/We have read the terms and conditions of deposits and agree to abide by the same. I/We have gone through the financial statements / particulars I representations furnished I made by the bank and after careful consideration I am I We are making the deposit with the bank at my own risk and volition.

Sign of

First Applicant

Second Applicant

Third Applicant

FOR OFFICE USE ONLY

Introducer's Signature verified in our record.

Ledger Keeper

Officer